

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1					
3		1				
4		1				
5		1				
6	1					
7	1					
8		1				
9		2				
10		2				
11	1					
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TOTAL IND.	4					
TOTAL DEP.	11					
TOTAL CLAIMS	15					

	IND		DEP		IND	
	IND	DEP	IND	DEP	IND	DEP
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